



VOLUNTEER APPLICATION

Can I volunteer?

All volunteers must be at least 16 years old and must pass a background check.

Some activities require

- Physical strength and/or mobility
- Educational skills
- Long term commitment

What can I do?

There are four areas in which volunteers are needed:

- Literacy – teaching people to read & write
- Computer Learning Center – teaching how to use a computer
- Homework Help Center – helping K-12 students with their homework
- Other – from clerical to shelving books

How do I volunteer?

Bring or mail your completed application to

Reference Desk
Lodi Public Library
201 W. Locust St.
Lodi CA 95240

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VOLUNTEER APPLICATION

Please fill out this form as completely as possible. Please print unless otherwise noted.

Area of Interest _____

Name _____

Phone: Home _____

Work _____

Other _____

Mailing Address _____

City _____ Zip _____

E-mail _____

If you are bilingual, which language(s)?

Minimum age is 16. Parental or guardian consent is required for ages 16-18.

Parent/Guardian Name

Parent/Guardian Signature

Phones: Home _____

Work _____

Other _____

Mailing Address _____

City _____ Zip _____

E-mail _____

As an adult, have you ever been convicted of a misdemeanor or felony or placed on parole or probation?

☐ no

☐ yes--list all convictions since your 18th birthday on a separate sheet of paper.

Include offense and the penal code section you were convicted of violating, date, and place of conviction. A "Yes" will not automatically disqualify you from appointment; however, failure to disclose misdemeanor or felony convictions will result in termination or denial of appointment.

FINGERPRINTING: All applicants prior to employment must be fingerprinted and cleared through the California Department of Justice in accordance with the City of Lodi resolution 2001-201, 5164 Public Resource Code. Failure to provide this information will result in a rejection of your application.

Do you have related education, training, or experience? Please list on the back.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date _____

Applicant's Signature

Name of Emergency Contact: _____

Phones: Home: _____ Work: _____ Cell: _____